

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

101562603

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2	—					
3	—					
4	—					
5	—					
6	—					
7	—					
8	—					
9	—					
10	—					
11	—					
12	—					
13	—					
14	—					
15	—					
16	—					
17	—					
18	—					
19	—					
20	—					
21	—					
22	—					
23	—					
24	—					
25	—					
26	—					
27	—					
28	—					
29	—					
30	—					
31	—					
32	—					
33	—					
34	—					
35	—					
36	—					
37	—					
38	—					
39	—					
40	—					
41	—					
42	—					
43	—					
44	—					
45	—					
46	—					
47	—					
48	—					
49	—					
50	—					
TOTAL IND.	1		↓		↓	
TOTAL DEP.	10	←	←	←	←	
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	—					
52	—					
53	—					
54	—					
55	—					
56	—					
57	—					
58	—					
59	—					
60	—					
61	—					
62	—					
63	—					
64	—					
65	—					
66	—					
67	—					
68	—					
69	—					
70	—					
71	—					
72	—					
73	—					
74	—					
75	—					
76	—					
77	—					
78	—					
79	—					
80	—					
81	—					
82	—					
83	—					
84	—					
85	—					
86	—					
87	—					
88	—					
89	—					
90	—					
91	—					
92	—					
93	—					
94	—					
95	—					
96	—					
97	—					
98	—					
99	—					
100	—					
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						